

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Achim KNAPPIK et al.
Title: PROTEIN (POLY) PEPTIDE LIBRARIES
Prior Appl. No.: 09/025,709
Prior Appl. Filing Date: 2/18/1998
Examiner: Unassigned
Art Unit: Unassigned

jc584 U.S. PTO
09/490064
01/24/00

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01/24/00

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[] Continuation [**X**] Division [] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- [**X**] Specification, Claim(s), and Abstract (225 pages).
- [**X**] Informal drawings (204 sheets, Figures 1-40B).
- [**X**] Copy Declaration and Power of Attorney (4 pages).
- [**X**] Preliminary Amendment with Abstract (4 pages)

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$690.00	\$690.00
Total Claims:	8	- 20	= 0	x \$18.00	= \$0.00
Independents:	1	- 3	= 0	x \$78.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$260.00	= \$0.00
				SUBTOTAL:	= \$690.00
[]				Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$690.00

- [X] A check in the amount of \$690.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 24, 2000

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